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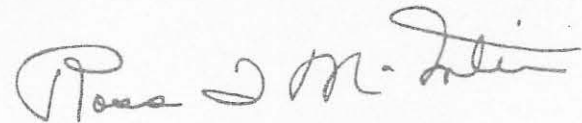


NAVMED 279

THE PROBLEM

The NP problem is the responsibility of all medical officers even though its more technical aspects are the immediate concern of the psychiatrists in the Medical Corps. Few medical and surgical problems arise in the practice of medicine which do not have a psychosomatic component. The purpose of this pamphlet is to familiarize all medical officers with the aims and functions of a well-organized neuro-psychiatric department. The presentation is purposefully general because psychiatry cannot be formulated by specific rules and directions.

Consistent with the broad policy of the Medical Department, it is essential that every opportunity for recovery provided by the scientific and skillful practice of psychiatry be made available for the NP patients whose mental health and well-being are our responsibility.

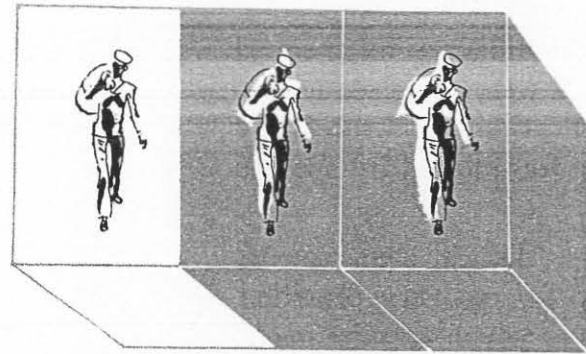


ROSS T McINTIRE,
Vice Admiral (MC),
Surgeon General, U. S. Navy.

BUMED-L-EY 23 JUNE 1944

NAV MED 279 RESTRICTED

THE NEUROPSYCHIATRIC PROBLEM

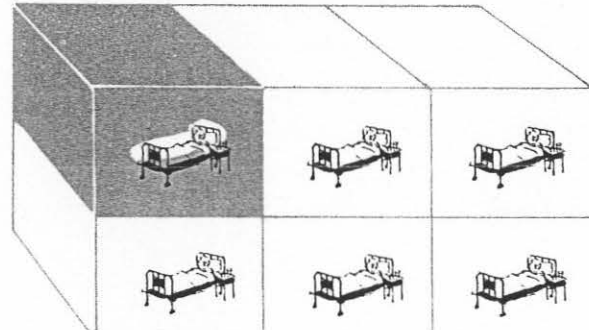


1943

1944

NP CASES

OTHER CASES



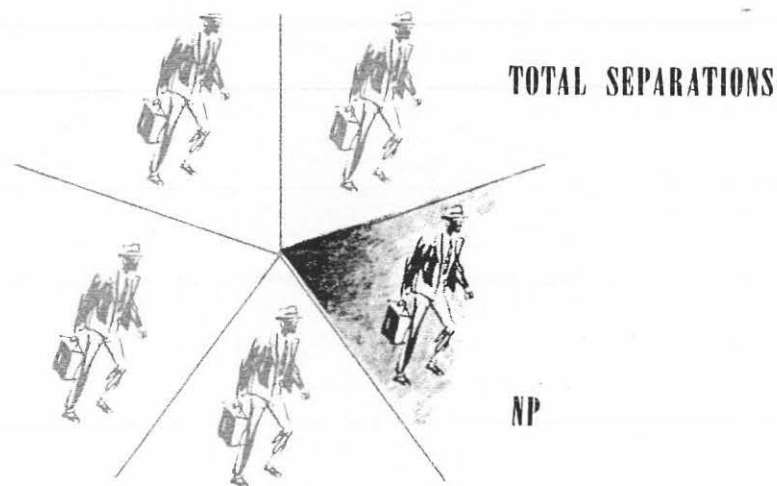
in the service requires the attention, coordination, and organization of all medical officers if useful manpower is to be salvaged. Equally important for the solution of the problem is the maintenance of an adequate rate of NP patient turn-over, inasmuch as whatever is planned in the field of psychiatric therapy must be done within limits imposed by military necessity.

A review of the over-all neuropsychiatric picture for the past year indicates that, at a rate proportionate to the growth of the Navy, there has been an increase of approximately 100 per cent in the number of NP admissions to the naval hospitals within the continental United States. About one-sixth of the total number of hospital beds in the continental United States at present are occupied by patients in the neuropsychiatric departments. About one-fifth of all separations from the naval service are for NP reasons. The adequate disposition of a neuropsychiatric patient requires, on the average, a longer period of hospitalization than is needed for the general medical or surgical patient. Accordingly, medical officers have to assume a personal responsibility in dealing with the neuropsychiatric problem. In a military organization, a neuropsychiatric diagnosis does not in itself imply that the patient has an irremediable disability. It signifies, in a majority of cases, that a man is not adapted to the naval service and, other things being equal, that he will be able to make a satisfactory adjustment in a less demanding civilian environment.

In a large percentage of neuropsychiatric cases, the patients are unable to respond sufficiently to treatment within a reasonable time to be returned to a duty status. The civilian readjustments of these men, however, can be helped materially by the advantages of some treatment during this period. On the other hand, selected groups of patients who are temporarily maladjusted, in most instances, can be reconditioned and returned to either full or limited duty. This is particularly true of patients whose combat experience is responsible for most of their symptoms.

The syndrome of combat fatigue is the diagnosis of a brief psychosomatic process which results from the physical stress and psychological strain of combat. It is characterized by fatigue, heightened irritability, autonomic nervous system symptoms and a personality change which respond to rest and psychiatric treatment. The majority of the patients can be made symptom-free and can be returned to a duty status. Because of the self-limited nature of the process, it is the policy not to discharge from the naval service patients with this diagnosis. It is an intramural functional designation which permits patients to be carried on the sick list as such for a short time.

There are two coordinated plans essential for the efficient operation of an NP Department: the Administrative Plan and the Treatment Plan.



➡ **THE ADMINISTRATIVE PLAN** concerns itself with the organization of the trained personnel, the integration of the NP Department with the allied medical and surgical specialties, and the supervision of intradepartmental activity.

➡ **THE TREATMENT PLAN** concerns itself with the more technical details of psychiatric therapy in all its aspects. The Administrative Plan is within the province of the senior administrative medical officers; whereas the Treatment Plan rests with the medical officer directly responsible for the care of his patients.

PLAN FOR THE ADMINISTRATION OF AN NP DEPARTMENT

The most practical administrative approach to a solution of the neuropsychiatric problem is concerned with three major functions:

- 1 STUDY AND TREATMENT**
- 2 DIAGNOSTIC CONSULTATION**
- 3 DISPOSITION**

Each NP Department should be organized in such a manner as to facilitate the operations of these functions.

1 STUDY AND TREATMENT



Neuropsychiatric patients require careful evaluation, both physical and psychiatric, before a proper appraisal of their problem can be made. Therapy should be given at the same time that diagnostic study is undertaken, because the patient's response to treatment, in itself, is an indication of the factors responsible for his symptoms. Patients who are refractory to treatment can be detected in this manner and study can be directed toward their separation from the service. On the other hand, those patients who show not only a symptom remission but a basic improvement will warrant intensive therapy in an effort to hasten and insure their return to duty. This part of the organizational plan functions as a screening device which enables the medical officer to segregate rapidly the suitable from the unfit.

2

DIAGNOSTIC CONSULTATION



A well-organized neuropsychiatric department should provide diagnostic consultation for the other medical and surgical specialty services of the hospital. Organic symptoms may have both physical and psychologic bases. Such physical symptoms may be a mask for an unrecognized psychologic disability; psychologic symptoms often mimic the symptoms of organic pathologic conditions. Psychiatric disturbances may exist parallel with physical illness. There are few instances of organic disease in which there is not an emotional reaction which has to be treated if the patient as a whole is to recover completely. Psychosomatic relationships exist in such familiar conditions as peptic ulcer, nonspecific colitis, asthma, cardiac dysfunction and hyperthyroidism, as well as in various dermatologic syndromes. The psychiatrist is equipped to offer advice and guidance in these problems.

3

DISPOSITION

In the management of the NP problem it is necessary that their disposition be determined as early as is commensurate with good medical care. Prolonged hospitalization decreases the NP patients' chances for recovery.

The rate of return to duty is proportional to the morale and general attitude of patients. Separation of the obviously unfit and intensified treatment of the potentially fit are both necessary if a low morale with its inevitable high discharge rate is to be prevented.

Fitness can be judged only by a careful evaluation of a patient's ability to perform useful military service.

Careful selection of patients is necessary if psychiatric treatment is to be an efficient service to the Navy and to the individual patient. Military exigency precludes prolonged psychiatric care for all patients. The primary function of an NP treatment organization is to restore to duty, whenever possible, persons who are capable of effective performance of duty. The criterion in establishing this judgment should be the capacity of the patient to meet the needs and demands of the Navy.

In every final preparation of the records for separation from the service, the health record and the report of the Board of Medical Survey should include a brief but complete account of the patient's disability, pertinent history, the character of his service adjustment, notation of disciplinary infractions, and relevant description of the psychiatric condition that warrants the recommendation. Too great emphasis on the necessity for brevity has often resulted in the omission of important data essential for subsequent Bureau action, Veterans' Administration adjudication, and similar medico-legal matters.



INDUCTION CENTER

TRAINING STATION

PERSONNEL FLOW CHART

N P

NORMAL

REJECT

APTITUDE BOARD

REJECT

TRIAL DUTY

DUTY USA

DUTY FOREIGN

BOARD OF
MEDICAL SURVEY

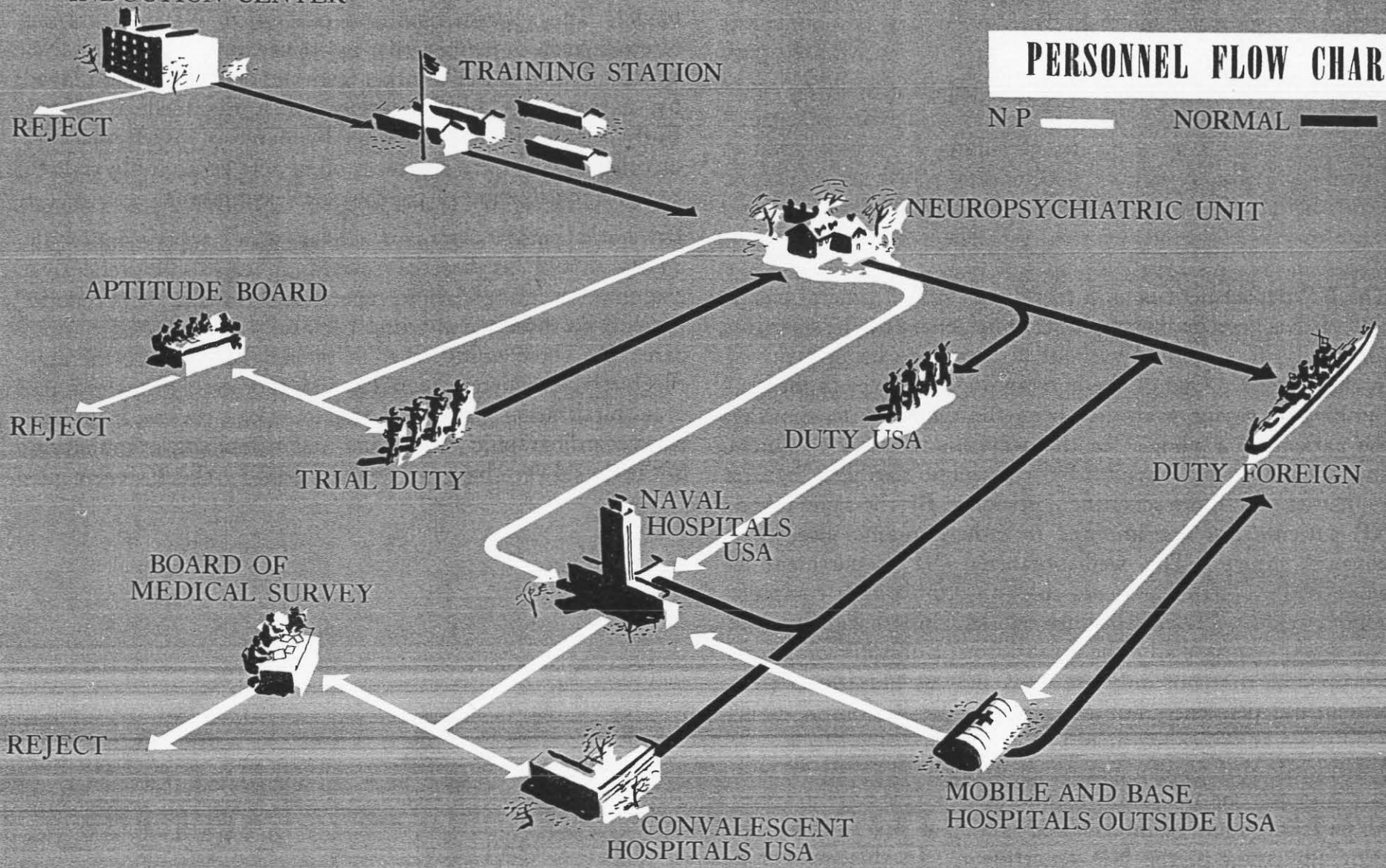
REJECT

NAVAL
HOSPITALS
USA

CONVALESCENT
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MOBILE AND BASE
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NEUROPSYCHIATRIC UNIT



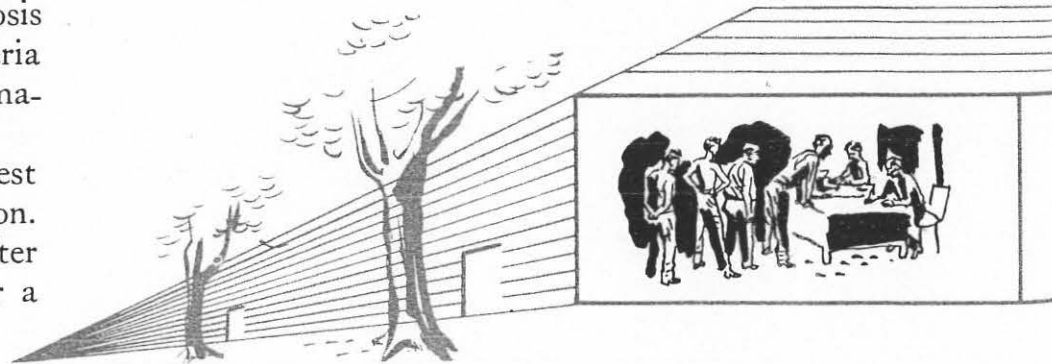
PHYSICAL ARRANGEMENTS OF AN NP DEPARTMENT

The NP department is an integral part of the general hospital. It has been demonstrated that no person can be seriously physically ill or injured without his emotions being involved in the process. One of the outstanding advances in medical thinking in recent years has been the tendency to consider the patient as a whole. In this way, his response to illness and the incapacity imposed by his organic disability can be evaluated with more scientific precision. By the same token, NP patients are not immune to either organic disease or physical injury. The well organized NP department is planned to afford its patients the opportunity of a complete organic review. Latent or unrecognized disease can simulate functional symptoms. The establishment of a NP diagnosis presupposes that not only are bona fide psychiatric criteria present independently but also that the possibilities of somatic disease have been explored completely.

Classification of patient personnel is essential for their best care and for the operation of an efficient NP organization. All patients should be interviewed as soon as practicable after their admission to the NP department. In this manner a

rapid appraisal of their status and immediate needs can be made. The apprehension and concern of NP patients are often increased temporarily by their admission to an NP ward. These, as well as other fears and doubts, can be allayed by a reassuring brief interview with the medical officer. Early therapeutic intervention by narcosis, psychotherapy, or other appropriate measures often acts as a prophylaxis to prevent the fixation of psychological symptoms.

Psychotic patients require closed ward supervision. All efforts should be directed toward an early comprehensive examination, classification, report, and transfer of psychotic patients to those naval units specifically designated for their care. At these units, when it is indicated, shock therapy effectively administered can decrease appreciably the duration of hospitalization. Physical and neurologic review, including electrocardiographic study and roentgenologic examination of the dorsal vertebrae are prerequisites for shock treatment.



Electroshock, insulin, and metrazol therapy should be reserved for the treatment of psychotic patients exclusively. Provisions must be made for the physical facilities for such examinations and treatment.

Psychoneurotic patients should be housed in open wards, so that they can benefit by environmental influences conducive to their convalescence. Prisoners, unless they are likewise classified as neuropsychiatric cases, are not to be housed with patients in the neuropsychiatric department. It is the policy of the Bureau of Medicine and Surgery that under all circumstances personnel with mental disease and emotional disturbances be treated by the best medical care available, under conditions most favorable for their recovery.

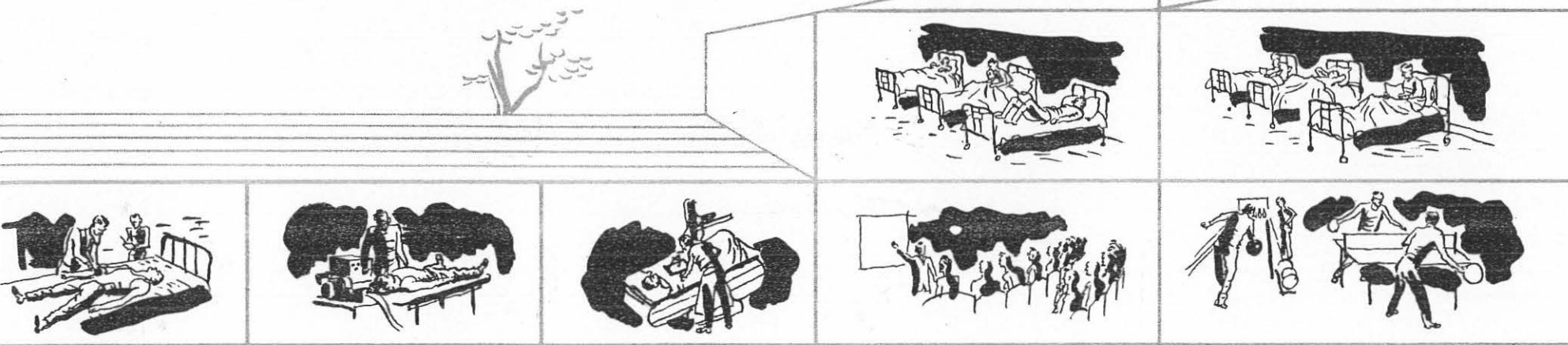
Regulation, order, and discipline are essential for the successful operation of a neuropsychiatric department. The acceptance of regulation, order, and discipline is required for those men who will be returned to duty. Such an atmosphere is

likewise conducive to the improvement of the social attitudes and emotional stability of those men who are to be separated from the service.

Many patients in the neuropsychiatric department are ambulatory; therefore, it is imperative that an attempt be made on as large a scale as practicable to organize a comprehensive program that will preclude long periods of idleness, introspection, and self-absorption. Inactivity will defeat any progress otherwise made.

Boredom and monotony during the earlier phases of hospitalization create attitudes of dissatisfaction and resentment which can be offset only by prolonged psychotherapy. A planned rehabilitation program should not depend too heavily on the spontaneous initiative and incentive of the patients. They require a positive demonstration of the advantages of self-help.

Inactivity is destructive of morale and wasteful of manpower.



TECHNICIANS

Experience has shown that technicians trained in neuropsychiatric service are invaluable aides in the management of the NP problem. Attitudes of oversolicitude, resentment, or indifference are incompatible with rapid recovery. Well-intentioned but poorly directed behavior of inexperienced personnel may have widespread and untoward repercussions.

OCCUPATIONAL THERAPISTS

Occupational therapy, supervised by an experienced therapist, should be utilized extensively by the neuropsychiatric services. The use of selected patients as instructors in arts and crafts, in which they are experienced, can amplify this phase of psychiatric rehabilitation. The practical aspects of occupational therapy should be emphasized particularly. Standard occupational therapy equipment is available on requisition of the Bureau of Medicine and Surgery.

EDUCATIONAL OFFICERS

The educational officer assigned to the hospital by the Educational Services Training Division of the Bureau of Naval Personnel can augment the social-psychiatric aspects of the program by providing orientating and morale-building material which is designed for close integration of patients with the war effort. This division also has available educational programs which have been arranged in cooperation with schools, colleges, and universities.

PERSONNEL



WAVE CLERICAL TECHNICIANS

Technical-clerical assistance is necessary to expedite the preparation of records. It is the policy of the Bureau of Medicine and Surgery, when possible, to assign WAVES trained as clerical technicians to function in this capacity.

Efficient handling of paper work shortens the hospitalization period of each NP patient.



RED CROSS SOCIAL WELFARE WORKERS

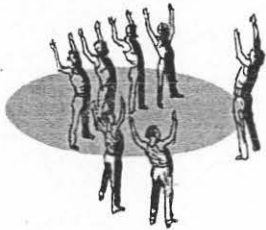
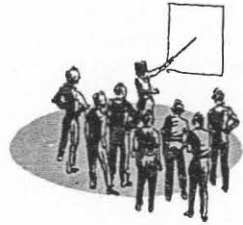
The American Red Cross has provided the Medical Department with well-organized psychiatric social service units. These workers assemble social service data which may be used to document the diagnosis. These aides provide direct assistance to patients and their dependents in financial and personal problems. Red Cross Gray Ladies and recreational workers, under medical supervision, assist in the development of a well-rounded program of therapeutically beneficial recreation to stimulate their interest in and enthusiasm for military life.

In order to restore a maximum number of neuropsychiatric patients to active naval service, a regulated program of directed and therapeutic activity is required.

Few neuropsychiatric patients need continuous bed rest; therefore, it is vital to the success of treatment that a well-organized program of compulsory activity be scheduled. Within the framework of this organized activity, diagnostic tests and other essentials of comprehensive study and treatment can be conducted.



PLAN FOR A BALANCED PSYCHIATRIC TREATMENT PROGRAM



Although individual psychiatric treatment is given, group psychiatric treatment is more widely employed in the Navy for two reasons: First, a larger number of patients can be treated by the medical officer; and second, there is a psychologic gain in that the patient feels that he is in a more normal situation.

Such group psychiatric treatment functions best when it is conducted on a small unit basis. This arrangement attempts to duplicate the structure of a military organization on a miniature scale. The basic features of treatment are:

- 1 PSYCHOTHERAPY**
- 2 EDUCATIONAL TRAINING**
- 3 OCCUPATIONAL THERAPY**
- 4 PHYSICAL RECONDITIONING**



Psychotherapy has as its aim not only the resolution of psychologic conflicts but also the adjustment of the patient to his group. To do this, it has to provide an intellectual and an emotional basis for understanding the meaning of symptoms. The patient must learn that there is more profit in a successful adjustment than there is in taking refuge in symptoms.

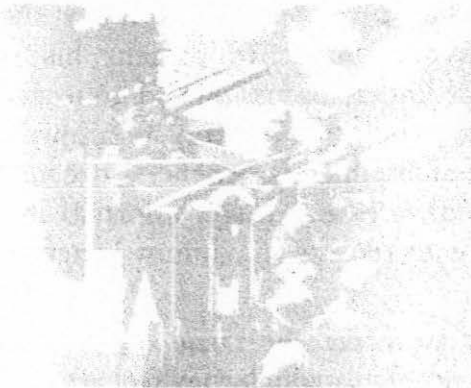
GROUP PSYCHOTHERAPY: The time that can be devoted to individual therapy is limited. For that reason, it has been found that group psychotherapy offers the most efficient approach, for it provides some treatment for everyone. Most other therapy is pivoted around the regularly scheduled group discussions. Under the direction of the medical officer, such topics as fear, nervousness, tension, physical symptoms, restlessness, dreams, and insomnia can be discussed in open forum. Every opportunity should be given to permit each participant to present his personal reactions to the subject under discussion. The lecture technique is inadvisable, for almost invariably it suppresses free and spontaneous discussion which is beneficial because of the accompanying emotional release. Easy, informal inquiry is essential if patients are to receive maximum benefit at each session.

They must be allowed to direct the trend of the discussion because in this way the problems which they feel are significant will be revealed. The language of the discussion and of any explanation which may be given should be simple, nontechnical, and thoroughly familiar to everyone. Long involved

and detailed descriptions of physiological or psychological mechanisms rather than clarify the points which arise in discussion often further obscure and confuse.

The hospital corpsmen in the neuropsychiatric department should be made a part of the discussion group, so that they become intimately aware of the nature of the problems being considered. In this way, through his hospital corpsmen, the medical officer has liaison with the patients individually and with the group collectively.

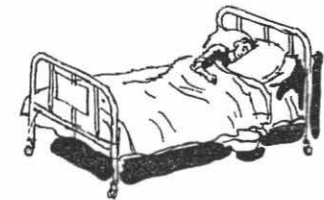
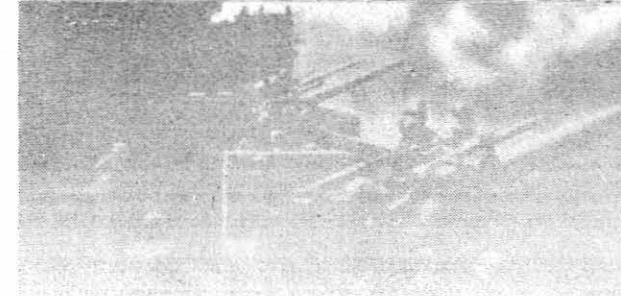
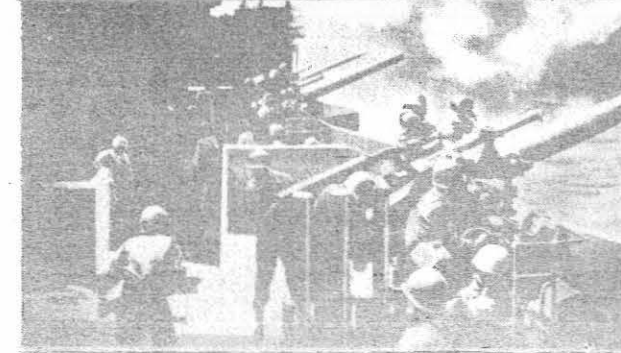
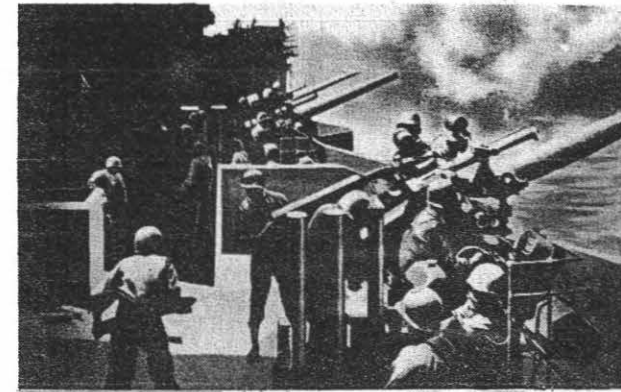
Psychiatric symptoms separate the man from his group. They act as a barrier and make him less effective on the job. Psychotherapy helps him to help himself by giving him an understanding of his problem so that he can return to duty.



SEDATION: Sedation is a valuable adjunct to the care of such acute psychiatric reactions as fear and panic states, hysteria, amnesia, and combat fatigue. Sodium amytal in doses of 0.3 grams to 0.6 grams orally, or pentothal sodium 0.25 grams to 0.8 grams intravenously, administered in a 2.5 percent solution, provide the greatest margin of safety. Some patients who otherwise are unable to tell of their difficulties will talk freely under sedation, and the medical officer should encourage this expression. Care is necessary in directing the patient's spontaneous expressions, so that they will be beneficial to him. Reassurance, suggestion, and persuasion help to overcome symptoms by assuaging guilt, allaying tension, and reducing overactivity.

Morphine is almost never a drug of choice in the management of the NP problem and should not be used except when specifically indicated.

Rest is a physiological antidote for these psychosomatic reactions. Properly administered, it acts as a splint to immobilize the patient both physically and psychologically. Sedatives afford a comparatively easy access to highly charged emotions. The psychosomatic casualty of war can, with the help of sedative drugs, relive the experiences of combat and in that way free himself from the burden of past, unresolved conflicts. A more rapid rehabilitation can be accomplished if sedation can be used to interrupt the vicious cycle of repetitive thinking.

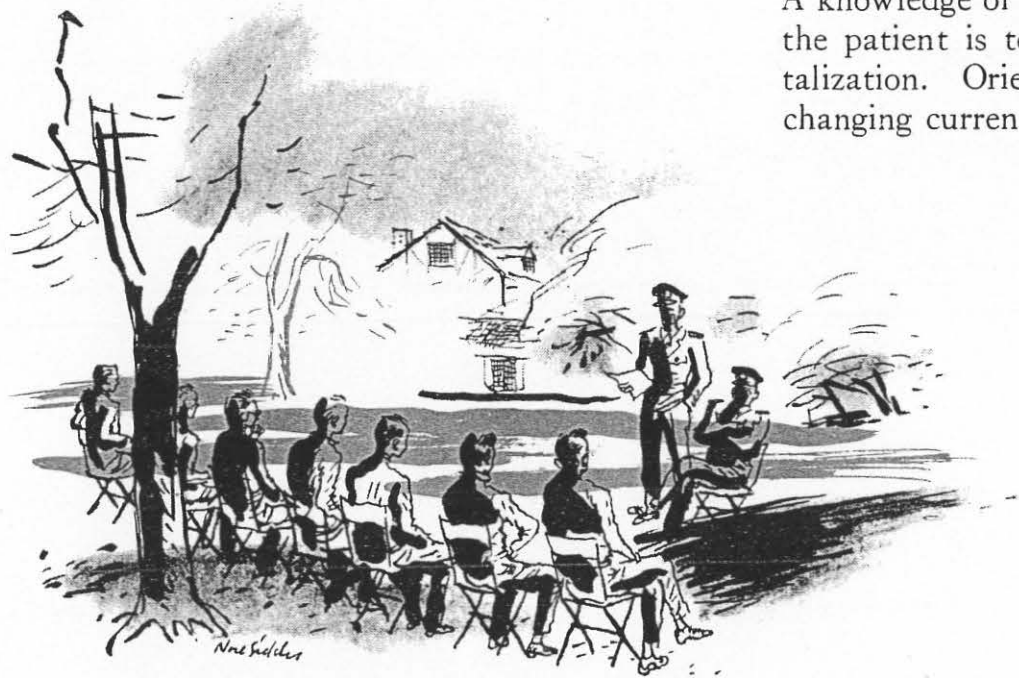


EDUCATIONAL TRAINING

The characteristic attitude of the neuropsychiatric patients is attributable in part to a lack of proper knowledge of or an enthusiasm for those things that are appreciated and enjoyed by well-adjusted persons. To overcome the tendency of introspection and the magnification of personal shortcomings, the patient's interest in what is happening in the world about him must be stimulated.

The patient needs to be given an appreciation of his part in the total prosecution of the war.

A knowledge of the progress of the war is a basic necessity if the patient is to maintain a high morale during his hospitalization. Orientation talks will keep him abreast of rapidly changing current events so that he can continue his psycho-

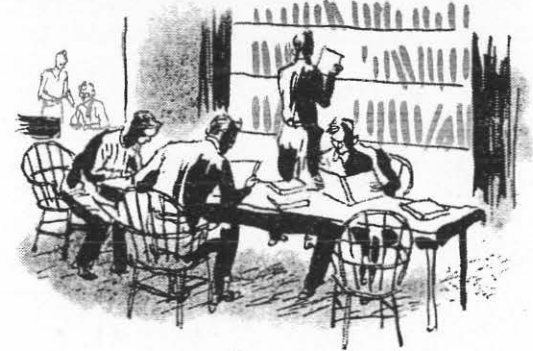


logical participation in the war. This phase of the balanced treatment program will not only encourage him to return to duty but also will contribute to his better citizenship. The usual concept of hospitalization is that of a profitless period during which the patient marks time until he is discharged. Much valuable training can be accomplished by teaching him how to successfully use leisure time. This is part of prophylactic psychiatry.

A more intensive use of the weekly *Newsmap*, the War Information Bulletin, and documentary and training films will improve basic attitudes and stimulate proper group motivation.

The Educational Services Training Division of the Bureau of Naval Personnel has a program that is particularly available for patients in naval hospitals. Educational officers provide orientation lectures, conduct seminar discussions on the progress of the war, and arrange for correspondence courses in any high school or college subject. These courses may be continued after discharge from the hospital.

There are two major benefits from this aspect of the psychiatric program: training that is useful to the naval service and personal education. As Vice Admiral Jacobs has stated, "The long term effect will be for the benefit of the student. The immediate effect will be his development as a greater asset to the war effort."



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